

Foster Family Home - Corrective Action Report

Provider ID: 1-110072

Home Name: Florily Espina, LPN

Review ID: 1-110072-8

45-701 Puohala Street

Reviewer: David Ayling

Kaneohe HI 96744

Begin Date: 10/22/2018

End Date: 10/22/18

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 10/22/18.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 3 bed certification.

Compliance Manager

Primary Care Giver

Date

Date